

SCJA-73 Rev. 5/98		FINANCIAL AFFIDAVIT		IN SUPPORT OF REQUEST FOR APPOINTMENT OF COUNSEL FOR INDIGENT DEFENDANT OR FOR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN UNITED STATES		<input type="checkbox"/> MAGISTRATE	<input checked="" type="checkbox"/> DISTRICT	<input type="checkbox"/> APPEALS COURT or	<input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE OF		FILED AT <u>March 12, 2008</u> <u>MAR 12 2008</u>			LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
United States v.s. <u>Steven Cross</u>		PERSON REPRESENTED (Show your full name) <u>Steven Cross</u> MAGISTRATE JUDGE GERALDINE SOAT BROWN UNITED STATES DISTRICT COURT			DOCKET NUMBERS Magistrate District Court <u>08CR148</u> Court of Appeals
CHARGE/OFFENSE (describe if applicable & check box →) <u>18 U.S.C. Section 922g(1)</u>		<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____										
	OTHER INCOME	If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ <u>4,000</u> If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____										
	CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____										
	PROPERTY	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____ Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">VALUE</th> <th style="width: 60%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>1,000</u></td> <td><u>96 stylant</u></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		VALUE	DESCRIPTION	<u>1,000</u>	<u>96 stylant</u>					
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED		Total No. of Dependents	<u>1</u>	List persons you actually support and your relationship to them
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.	
	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> { </div>		Rent	\$ 950		
			Phone, utilities, etc.	\$ 300		
			\$ 350			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

3/12/08SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Steven Cross